PRINTED: 01/06/2010 FORM APPROVED Bureau of Health Care Quality and Compliance STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA (X3) DATE SURVEY (X2) MULTIPLE CONSTRUCTION AND PLAN OF CORRECTION COMPLETED IDENTIFICATION NUMBER: A. BUILDING B. WING **NVN312AGC** 12/22/2009 STREET ADDRESS, CITY, STATE, ZIP CODE NAME OF PROVIDER OR SUPPLIER 2907 N MOUNTAIN STREET **MOUNTAIN SPRINGS ASSISTED COMM CARSON CITY, NV 89703** SUMMARY STATEMENT OF DEFICIENCIES PROVIDER'S PLAN OF CORRECTION (X4) ID ID (X5) COMPLETE (EACH DEFICIENCY MUST BE PRECEDED BY FULL (EACH CORRECTIVE ACTION SHOULD BE **PREFIX PREFIX** DATE REGULATORY OR LSC IDENTIFYING INFORMATION) CROSS-REFERENCED TO THE APPROPRIATE TAG TAG DEFICIENCY) Y 000 Y 000 **Initial Comments** Surveyor: 25375 The findings and conclusions of any investigation by the Health Division shall not be construed as prohibiting any criminal or civil investigations, actions or other claims for relief that may be available to any party under applicable federal. state, or local laws. This Statement of Deficiencies was generated as a result of an annual State Licensure survey conducted in your facility on 12/22/09. This State Licensure survey was conducted by the authority of NRS 449.150, Powers of the Health Division. The facility is licensed for sixty Residential Facility for Group beds for elderly and disabled persons. Category II residents. The census at the time of the survey was 50. Fifteen resident files were reviewed and ten employee files were reviewed. One discharged resident file was reviewed. The facility received a grade of B. The following deficiencies were identified: Y 103 Y 103 449.200(1)(d) Personnel File - NAC 441A / SS=E **Tuberculosis** NAC 449.200 1. Except as otherwise provided in subsection 2,

If deficiencies are cited, an approved plan of correction must be returned within 10 days after receipt of this statement of deficiencies.

TITLE

(X6) DATE

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE

a separate personnel file must be kept for each member of the staff of a facility and must include: (d) The health certificates required pursuant to chapter 441A of NAC for the employee. Bureau of Health Care Quality and Compliance

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:		(X2) MULTIPLE CONSTRUCTION A. BUILDING B. WING		(X3) DATE SURVEY COMPLETED C 12/22/2009	
MOUNTAIN SPRINGS ASSISTED COMM			2907 N MOUNTAIN STREET CARSON CITY, NV 89703				
(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FU REGULATORY OR LSC IDENTIFYING INFORMATI			ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)		(X5) COMPLETE DATE
Y 103	This Regulation is not met as evidenced by: Surveyor: 28725			Y 103			
	Based on record review on 12/22/09, the facility failed to ensure 3 of 10 employees complied with NAC 441A.375 regarding pre-employment physicals for the protection of all residents (Employee #1, #4 and #6).						
This was a repeat deficiency State Licensure survey. Severity: 2 Scope: 2		ey.	09				
Y 105 SS=E			Check	Y 105			
			ach lude:				
	Surveyor: 28725 Based on record reviefailed to ensure 3 of 2	ot met as evidenced by: ew on 12/22/09, the fac 10 caregivers met quirements (Employee	cility				
	This was a repeat de State Licensure surve	ficiency from the 12/16/ ey.	09				
	Severity: 2 Scope:	2					

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NAC 449.2744

1. The administrator of a residential facility that

provides assistance to residents in the administration of medication shall maintain: (b) A record of the medication administered to each resident. The record must include: (1) The type of medication administered;

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SS=F

Tuberculosis

NAC 449.2749

1. A separate file must be maintained for each resident of a residential facility and retained for at least 5 years after he permanently leaves the facility. The file must be kept locked in a place that is resistant to fire and is protected against unauthorized use. The file must contain all records, letters, assessments, medical

information and any other information related to

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